ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or i	ate level produced by rate revision effe	ective 3-1-05(NB)r 5-1-05(PN)
(1) <u>Coverage</u>	(2) <u>Annual Premium</u> Volume (Illinois)	(3) <u>Percent</u> Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage	25,641,904	(-20/0)
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft	13,589,959	<i>\$</i>
5. Glass6. Fidelity7. Surety		
8. Boiler and Machinery9. Fire10. Extended Coverage		
11. Inland Marine12. Homeowners13. Commercial Multi-Peril		
14. Crop Hail 15. Other Line of Insurance		
Does filing only apply to certain ter 12,13,40 and creation	ritory(territories) or certain classes? If	iso, specify: Yes-territory
Brief description of filing (If filing f <u>realistment</u> of territ <u>while</u> <u>decreasing</u> of	ollows rates of an advisory organization or in constant in constan	in, specify organization):ertain territories
*Adjusted to reflect all prior rate ch **Change in Company's premium l	anges. evel which will result from applicatior	n of new rates.
	AMERICAN	ACCESS CASUALTY Name of Company
	SANDRA H	AYES - VP UW Official - Title

H29219D

	Change in Company's premium or rate	level produced by rate revision effective	+6.2% 4-2-05
	(1)	(2) Annual Premium	(3)
	Coverage	Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	3,312,862	+12.0%
	Commercial		- 12.070
2.	Automobile Physical Damage		
	Private Passenger	2,172,316	-3.1%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to cortain tomitom. (town		
No	ining only apply to certain territory (terr	ritories) or certain classes? If so, specify:	
Brief d	lescription of filing. (If filing follows r	ates of an advisory organization, specify	organization):
Base R	ate revision to align with rate indicatio	ns	
	1		
* A0 የት ርት	djusted to reflect all prior rate changes.		
rec	nange in Company's premium level which sult from application of new rates.	ch will	
103	suit from application of new rates.		
	DIVISION OF INSURA STATE OF ILLINOIS/IDE PRIECETVE	INCE	
	DIVISION OF INSURA	PR	National Insurance Company
	STATE OF LET VE		Name of Company
	REO	_	Name of Company
	MAR 2 8 200	J5 \	
	The state of the s	,	
	41	INOIS Meliss	sa Petrowsky-Product
	SPRINGFIELD, ILI	Manag	
100016			Official - Title

MAR 1 1. 2005

SPRINGFIELD, ILLINOIS

Cha	nge in Company's premium or rate level pro	oduced by rate revision effective:	March 21, 2005
	(1)	(0)	(2)
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$111,656,616	0.0%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$109,866,603	0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	s filing only apply to certain territory (territ	ories) or certain classes? If so, spe	ecify:
	f description of filing. (If filing follows rat		· ·
	overall; Rule 22 - Good Driver Plan has bee		
	e 58 - Premier & Premier Plus Discount, Ru	_	
	ed Rule 61- The Allstate Easy Pay Plan Dis		er Discount, added Rule 43
	inois Automobile Theft Prevention Program		
Dee	pen Multi Policy Discount; adjusted rate pa	ges accordingly	
* Adjusted to reflect all prior rate changes.			
** Change in Company's premium level which will result from application of new rates.			
	WELLBANCE	•	
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEPR	A 11	of Great No. 1
Ţ	DISTATE OF LETT		c Casualty Insurance Company
- 1	REC	Name of Company	<i>'</i>

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	June 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	4,030,018	-10.5%
Automobile Physical Damage	-	
Private Passenger Cemmercial	3,572,024	-10.5%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (terr Brief description of filing. (If filing follows rate Financial Responsibility Scoring.	s of an advisory organization, specify org	ganization): Implemented the use of
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		ub Inter-Insurance Exchange
	N	lame of Company anager, Insurance Administration
		Official – Title

	Change in Company's prei revision effective	mium or rate lev 7/1/2005	vel produced by ra	ate
	(1)	(2)		(3)
		Annual Pi		Percent
	Coverage	Volume (II	llinois) *	Change (+ or -) **
1. Automobile Liab	oility			
Private Pas		\$	2,276,293	-8.2%
Commercia	ıl			
2. Automobile Phy	sical Damage			
Private Pas	ssenger	\$	2,891,502	-8.2%
Commercia				
Liability Other T				
4. Burglary and Th	neft			
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Mach	ninery			
9. Fire				
10. Extended Cov	erage			
11. Inland Marine12. Homeowners				
13. Commercial M	ulti Doril			
14. Crop Hail	ulli-Pelli			
15. Other				
	Line of Insurance			
	Elife of modratioe			
Does filing only ap	oply to certain territory (terri	tories) or certair	n classes?	No.
If so, specify:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	-			
	· · · · · · · · · · · · · · · · · · ·			
	f filing. (If filing follows rate	es of an advisor	У	
organization, spec				
	ome discount for farm muti			
discount for non-fa	arm mutual supporting polic	cy, introduction	of paid in full disc	count.
★ A -1144 4 -				
	reflect all prior rate change			
	Company's premium level	wnich will		
result from	application of new rates.			
	Grinnell Select	Insurance Com	ากลาง	
	Offinien Gelect	Name of Comp	<u> </u>	
		riams or comp	party	
	John Landkam	er. Actuary		
		Official - Title		F INSURANCE
H29219D			DIVISION	ILLINOIS/IDFPR
			SEC.	ILLINOIS/IDE
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			AM /	R 1 0 2005
				INS00106
			COBING	FIELD, ILLINOIS

Change in C	ompany's premium	n or rate	level	produced	by	rate
revision ef	fective 04/13/2	005 for r	ew bust	iness		
	05/23/2	005 for r	enewals	3		

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change $(+ or -)**$
1	Automobile Liability		
٠.	Private Passenger	\$21,420	0.0%
	Commercial	\$20,115	0.1%
2	Automobile Physical Damage	\$20,115	0.18
۷.	Private Passenger		
	Commercial		
_			
	Liability Other Than Auto		
	Burglary and Theft	<u> </u>	
	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
15.	Line of Insurance		
	Line of insurance		
	s filing only apply to certain so, specify: N/A	territory (territories)or	certain classes?
Desi	ef description of filing. (If	filing follows rates of a	n advisoms
	er description of fiffing. (if anization, specify organization		n advisory
_			
Cha	nges to Preferred Driver Discou	nt Program; Save Driver I	nsurance Plan accident
	esholds; Primary Classification		
Dis	counts and Property damage incr	reased limit factors for P	ayback Rewards Program
	 		
	Adjusted to reflect all prior r		
**	Change in Company's premium lev	el which will	
	result from application of new	rates.	
		Middleger Terreser	Compone
		Middlesex Insurance	
		Name of Compar	ıy
		() -11	
		Gand Japan - Chie	
	<u></u>	/ \ \ - Chie	f Actuary
		Official - Tit	le
H2921	9D		

SUMMARY SHEET

Donald C. McShane Actuarial Analyst

Official - Title

	(1)	(2)	(3)
	(-)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$1,767,391	+6.4% (+\$113,128)
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$1,619,336	-6.6% (-\$106,920)
	Commercial	-	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
5.	Fidelity		<u>- </u>
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
l.	Inland Marine		
2.	Homeowners		-
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
oc f	iling only apply to certain territory (f	erritories) or certain classes? If so, specifi	<i>.,</i>
ase	rate changes vary by territory. See I	Exhibit E for details.	, .
450	Take changes vary by vermory. Oce .		
ief c	description of filing. (If filing follow	s rates of an advisory organization, specify	organization):
	se Bl, PD, CSL, UM, CM, and CL ba		,
	se physical damage deductible factor		
evis	se specific primary class factors and	expanded multi-car discount factors (Exhib	oit D).
	-		
	djusted to reflect all prior rate change		
	hange in Company's premium level v	hich will	
res	sult from application of new rates.		
		2.1	
			ctive Insurance Company of
		the S	Southeast
			Name of Company

H29219D

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/13/2005 for new business . 5/23/2005 for renewals

(1)	(2)	(3)
_	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger	\$3,159,409	-0.1%
Commercial		
Automobile Physical Damage		
Private Passenger	\$1,731,433	0.0%
Commercial		
3. Liability Other Than Auto		
 Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain	territory (territories)or	certain classes?
If so, specify: N/A		
	·	
Brief description of filing. (If	filing follows rates of a	n adricom
organization, specify organization		ur advisory
Changes to Preferred Driver Discou		
thresholds; Primary Classification		
Discounts and Property damage inco	reased limit factors for F	ayback Rewards Program
* Adjusted to reflect all prior r	ate changes.	
** Change in Company's premium lev		
result from application of new	rates.	
Sentry Insurance A Mutual Company		
	Name of Compar	ny
	a ad	
	- Chief	Actuary
	Official - Tit	
H29219D	orrigat III	·

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 51105 for NEW BISINES.

	(1) 1/1/05 for neneways	(2) Annual Premium Values (111innis)*	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial	4,579,878	<i>3.13%</i>
2.	Automobile Physical Damage Private Passenger Commercial	1,396,617	0.71%
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass		
6.	Fidelity		·····
7.	Surety		
8. 9.	Boiler and Machinery Fire		
10. 11.	Extended Coverage Inland Marine		
12.	Homeowners		
13. 14.	Commercial Multi-Peril Crop Hail	 	
15.	Other		·
	Life of Insurance		
	Does filing only apply to certa classes? If so, specify: NO	in territory (territor	ies) or certain
	Brief description of filing. (organization, specify organizat	If filing follows rate ion): See Filing Letter	s of an advisory
			
1			

WHIVERSAL CASUALTY COMPANY

Clamb of Company

Via Principal - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate k	evel produced by rate revision effective	03/28/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Gemmereial	\$1,762,986	-2.2%
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto	\$124,535	0.0%
4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. OtherLine of Insurance		
	(territories) or certain classes? If so, specify	r
Brief description of filling. (If filling follows	rates of an advisory organization, specify uto Monthly book. In addition we are introd	organization): Overall this revision is a
	ne same factors as OrionAuto Monthly. T	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	i. hich will result from application of new rate	S.
	Viking Insura	ance Company of Wisconsin Name of Company
	Leah Hermans	on- Assistant Product Manager Official – Title